CERTIFICATE OF DEATH

Name in Full: Annie Julia Bartlett.

Died at: Town: Near Willoughby — County: Queen Anne — **MARYLAND**

Date of death: 1904 — Month: Oct — Day: 1st — **Age:** Years: — Months: — Days: 12 Days

Sex: Female — Color or Race: Caucasian — Birthplace: Where died.

Occupation: Infant — Where Residing if not at place of death: —

Married, Single or Widowed: — — Name of Wife or Husband: —

Father's Name: Francis A. Bartlett — Father's Birthplace: Queen Anne Co

Mother's Maiden Name: Emma Draper — Mother's Birthplace: Caroline Co

Name of person giving information: H. K. Hopkins — How related to deceased: Nurse

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Lungs never fully expanded — How long: —

Immediate: Congestion Lungs — How long: —

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Howard R. Hopkins

Address: Queenstown Md.

Accident or Suicide?

LIBRARY BUREAU A88816

Name in Full: Francis A Benton

CERTIFICATE OF DEATH

MARYLAND

Died in: Town: near Barclay — County: Queen Annes

Date of death: Month: October — Day: 9th — 1904

Age: Years: 63 — Months: 2 — Days: 15

Sex: Female — Color or Race: Black — Birthplace: near Barclay

Occupation: wife of farmer — Where Residing if not at place of death: near Barclay

Married, Single or Widowed: married — Name of Wife or Husband: William Benton

Father's Name: Robert Winchester — Father's Birthplace:

Mother's Maiden Name: — Mother's Birthplace:

Name of person giving information: Joseph H. Murrey — How related to deceased: only by marriage

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Paralysis — How long: 4 years

Immediate: Prostration — How long: 24 hours

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? yes.

Signature of Physician: N. S. Dudley M.D

Address: Church Hill Maryland

Accident or Suicide?

LIBRARY BUREAU A88616

Name in Full: William Ruthy Broadway

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Burnsville — County: Dinwiddie

Date of death: 1904 — Month: 10 — Day: 19 — Age: Years 40 — Months — Days

Sex: Male — Color or Race: Black — Birthplace: Burnsville Va

Occupation: Laborer — Where Residing if not at place of death: Burnsville

Married, Single or Widowed: Single — Name of Wife or Husband: —

Father's Name: Wm Broadway — Father's Birthplace: Va. Co

Mother's Maiden Name: A. B. Adam — Mother's Birthplace: Va. Co

Name of person giving Information: Harriet Ford — How related to deceased: Half Sister

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Tuberculosis — How long: 5 yrs

Immediate: Pleuritic Effusion — How long: 6 months

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Jno Montgomery MD

Address: Burnsville Dinwiddie Co

Accident or Suicide? No

LIBRARY BUREAU A88816

Name in Full: Mrs Lillian D Bowen Collins

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Concord Mrs Centre Road — County: Queen Anne

TO BE ANSWERED BY NEAREST FRIEND

Date of death 1904	Month: Oct	Day: 10	Age: 46	Months: 8	Days: 30
Sex: Female	Color or Race: White		Birthplace: North Carolina		
Occupation: Home Wife	Where Residing if not at place of death:				
Married, Single or Widowed: Married	Name of Wife or Husband: Wm D. Collins				
Father's Name: Montreville Bowen			Father's Birthplace: N.C.		
Mother's Maiden Name: Winfred Wynne			Mother's Birthplace: N.C.		
Name of person giving information: Mary B Bowen			How related to deceased: Sister		

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Tuberculosis 27	How long: 2 1/2 yrs
Immediate: Exhaustion	How long: 2 days
Are the name, age, sex, color, date and place correctly given above? yes	Signature of Physician: J M Corkran
	Address: Centreville Queen Annes
Accident or Suicide? no	

LIBRARY BUREAU A56516

Name in Full: J G Cooden

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Ralph — County: Worc

TO BE ANSWERED BY NEAREST FRIEND

Date of death: Month	Oct.	Day	1	Years	45
Age: Months	1	Days	27		
Sex	Male	Color or Race	White	Birthplace	Maryland
Occupation	—	Where Residing if not at place of death		Ralph Worc	
Married, ~~Single~~ ~~Widowed~~	Yes	Name of Wife or Husband	Fannie Cooden		
Father's Name	Joshua S Cooden	Father's Birthplace	Maryland		
Mother's Maiden Name	Susan E Hudkins	Mother's Birthplace	"		
Name of person giving Information	Mrs J G Cooden	How related to deceased	Wife		

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary	Pneumonia Phthisis	How long	6 Mos
Immediate	Exhaustion	How long	2 hrs
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	W S Dudley MD
		Address	Church Hill Md
Accident or Suicide?			

LIBRARY BUREAU A88318

CERTIFICATE OF DEATH

MARYLAND

Name in Full: Sarah Hazel Curlett

Died at — Town: Winchester — County: Queen Anne

Date of death: Month: 10 — Day: 17 — Years: 3 — Months: — Days: 16

Sex: female — Color or Race: White — Birthplace: Winchester

Occupation: — — Where Residing if not at place of death:

Married, Single or Widowed: — — Name of Wife or Husband: —

Father's Name: J. F. Curlett — Father's Birthplace: Queen Anne Co

Mother's Maiden Name: Minnie Chesser — Mother's Birthplace: Queen Anne Co

Name of person giving Information: J. F Curlett — How related to deceased: father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Typhoid Fever — How long: 2 weeks

Immediate: Parotitis — How long: Six Days

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: W. T. Henry

Address: Stevensville Md

Accident or Suicide? No

LIBRARY BUREAU A88516

Name in Full: Clara Davis

CERTIFICATE OF DEATH

MARYLAND

Died at (Town): near Price's — County: Queen Anne

Date of death	Month	Day	Age — Years	Months	Days
1904	10	9	—	9	1

Sex: Female — Color or Race: White — Birthplace: Near Price's

Occupation: nursing — Where Residing if not at place of death: Same

Married, Single or Widowed: Single — Name of Wife or Husband: —

TO BE ANSWERED BY NEAREST FRIEND

Father's Name	James Davis	Father's Birthplace	Q. A. Co
Mother's Maiden Name	Mary Seney	Mother's Birthplace	Q. A. Co.
Name of person giving information	James Davis	How related to deceased	Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary	Gasto-Enteritis	How long	1 week
Immediate	Exhaustion	How long	1 hour

105

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Jno Norkraw MD

Address: Centreville Queen Anne Co

Accident or Suicide? No

LIBRARY BUREAU A66016

Name in Full: Wm Richard Hickerson

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Barclay — County: Queen Anne's

Date of death 1904 — Month: 10 — Day: 1 — Age — Years: — Months: 6 — Days: —

Sex: Male — Color or Race: Colored — Birthplace: Barclay

Occupation: — Where Residing if not at place of death: —

Married, Single or Widowed: — Name of Wife or Husband: —

Father's Name: Wm S. Hickerson — Father's Birthplace: Md

Mother's Maiden Name: Sarah E Hickerson — Mother's Birthplace: "

Name of person giving Information: Wm S Hickerson — How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Summer Trouble — How long: 2 wks

Immediate: " " 105° — How long: "

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Fowler Sudler

Address: Sudlersville Md

Accident or Suicide?

LIBRARY BUREAU A88816

Name in Full: Samuel T. Earle

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Near Centreville — County: Queen Anne

Date of death 1904 — Month: 10 — Day: 16 — Age — Years: 86 — Months: — — Days: —

Sex: Male — Color or Race: White — Birthplace: Maryland

Occupation: Farmer — Where Residing if not at place of death: —

Married, Single or Widowed: Widower — Name of Wife or Husband: Rosetta N. Earle

Father's Name: Richard T. Earle — Father's Birthplace: Md

Mother's Maiden Name: Lily Lunan — Mother's Birthplace: "

Name of person giving information: Mrs E. M. Forman — How related to deceased: Daughter

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Arterio Sclerosis — How long: a number of years

Immediate: Cerebral Hemorrhage — How long: 6 days

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Jas Forman

Address: Centreville, Queen Anne's

Accident or Suicide? No

LIBRARY BUREAU A63816

Name in Full: Captain John H. Fisher

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Denenstown — County: Queen Anne

Date of death 1904 — Month: 10 — Day: 3rd 20

Age — Years: 50 — Months: — Days:

Sex: Male

Color or Race: Caucasian

Birthplace: Germany

Occupation: Oysterman

Where Residing if not at place of death: Denenstown Md.

Married, Single or Widowed: Bachelor

Name of Wife or Husband: —

Father's Name: —

Father's Birthplace: —

Mother's Maiden Name: —

Mother's Birthplace: —

Name of person giving Information: Charles Mitz Def 40

How related to deceased: None

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Carcinoma Stomach — How long: Six months.

Immediate: Extreme weakness. — How long: —

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Howard R. Hopkins

Address: Denenstown, Md.

Accident or Suicide? —

LIBRARY BUREAU A66816

Name in Full: Blanche Frazier

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Wye Mills — County: Queen Anne

Date of death: Month: 10 — Day: 16 — 1904

Age: Years: — Months: 4 — Days: 10

Sex: Female — Color or Race: Colored — Birthplace: Queen Anne Co

Occupation: Child — Where Residing if not at place of death: —

Married, Single or Widowed: — Name of Wife or Husband: —

Father's Name: Charles E. Frazier — Father's Birthplace: Virginia

Mother's Maiden Name: Henrietta Holiday — Mother's Birthplace: Maryland

Name of person giving Imformation: Charles E Frazier. — How related to deceased: Father.

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Whooping Cough — How long: three weeks

Immediate: Strangulation — How long: Immediate

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: J. A. Stack M.D.

Address: Wye Mills Talbot Co. Md.

Accident or Suicide?

LIBRARY BUREAU A88816

Name in Full: Samuel Helmsley

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Alms House — County: 2 Annes

Date of death: 28th — Month: Oct — Day: 28th — Years: 75 — Months: — Days: —

Sex: Male — Color or Race: Negro — Birthplace: 2 A.C. Md

Occupation: Laborer — Where Residing if not at place of death: —

Married, Single or Widowed: — — Name of Wife or Husband: — No Husband

Father's Name: — — Father's Birthplace: —

Mother's Maiden Name: — — Mother's Birthplace: —

Name of person giving Information: Wm Dister — How related to deceased: None

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Old age & natural decay — How long: 2 years

Immediate: — — How long: —

154

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes — Signature of Physician: Dr Holton

Address: Centreville

2 A C Maryland

Accident or Suicide?

LIBRARY BUREAU A86016

Name in Full: Eliza Lowery

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Cudlerville; County: Queen Anne's

TO BE ANSWERED BY NEAREST FRIEND

Date of death	Month	Day	Age	Years	Months	Days
1904	10	23		24	4	4

Sex: Female | Color or Race: White | Birthplace: Kent Island

Occupation: Lady | Where Residing if not at place of death: Cudlerville Md

Married, Single or Widowed: Single | Name of Wife or Husband: —

Father's Name	Cyrus Lowery	Father's Birthplace	Kent Island
Mother's Maiden Name	Joachim Atwood	Mother's Birthplace	West River Md
Name of person giving information	Mrs Clarence Tuckes	How related to deceased	Cousin

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary	Tuberculosis	How long	2 yrs
Immediate	—	How long	—

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Jno Stevens M.D.

Address: Cudlerville Md

Accident or Suicide? no

LIBRARY BUREAU A88819

CERTIFICATE OF DEATH

MARYLAND

Name in Full: John Wesley McDonald

Died at — Town: Queenstown — County: Queen Anne

Date of death: 1904 — Month: October — Day: 23 — Years: 42 — Months: — Days:

Sex: Male — Color or Race: Negro — Birthplace: Summerset Co Md

Occupation: Farm hand — Where Residing if not at place of death: Near Queenstown

Married, Single or Widowed: Married — Name of Wife or Husband: Georgianna McDonald

Father's Name: Leonard McDonald — Father's Birthplace:

Mother's Maiden Name: — Mother's Birthplace:

Name of person giving information: Wife — 34 — How related to deceased: wife

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Tuberculosis from Grippe — How long: One year

Immediate: General Tuberculosis — How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Howard R. Hopkins

Address: Queenstown Md.

Accident or Suicide?

LIBRARY BUREAU A66516

Name in Full

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died — Town: near Church Hill — County: Queen annes Co.

Date of death: Month: October — Day: 25th — Years: 1904 — Age: Months: 4 — Days:

Sex: Male — Color or Race: Colored — Birthplace: near Church Hill

Occupation — Where Residing if not at place of death

Married, Single or Widowed — Name of Wife or Husband

Father's Name: Albert Morton — Father's Birthplace: Virginia

Mother's Maiden Name: May Morgan — Mother's Birthplace: Queen annes Co

Name of person giving Information: Albert Morton — How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Cholera Infantum — How long: 1 week

Immediate: Exhaustion — How long:

105

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: S. b. Dudley

Address: Church Hill Queen annes Co. Md

Accident or Suicide?

LIBRARY BUREAU A66516

Name in Full: Elbert Bozier

CERTIFICATE OF DEATH

MARYLAND

Died ~~in~~ Town: Near Centreville — County: Queen Anne's

Date of death	Month	Day	Years	Months	Days
1904	Oct.	12	Age 21	—	—

TO BE ANSWERED BY NEAREST FRIEND

Sex: Male	Color or Race: Colored	Birthplace: Queen Anne's Co.	
Occupation: Laborer	Where Residing if not at place of death: Near Centreville		
Married, Single or Widowed: Single	Name of Wife or Husband: —		
Father's Name: John Bozier		Father's Birthplace: Queen Anne's Co.	
Mother's Maiden Name: Elizabeth Wheeler		Mother's Birthplace: "	
Name of person giving Information: Elias Bryson		How related to deceased: None	

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Consumption		How long: 7 months
Immediate: Exaustion		How long: 4 Days
Are the name, age, sex, color, date and place correctly given above? yes	Signature of Physician: None	
Jos. G. Dawson	Address: Centreville Md	
Accident or ~~Suicide~~? F. D.		

LIBRARY BUREAU A66516

Name in Full: Richard H. Smith,

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Fords Store — County: Queen Anne

Date of death: Month: 10 — Day: 31 — 1904

Age: Years: 48 — Months: — — Days: —

Sex: Male — Color or Race: White — Birthplace: Queen Anne

Occupation: Oysterman — Where Residing if not at place of death: Fords Store

Married, Single or Widowed: Widower — Name of Wife or Husband: Dead

Father's Name: Alfred H. Smith — Father's Birthplace: Q. A. Co

Mother's Maiden Name: Fanny A. Comegys — Mother's Birthplace: Q A Co

Name of person giving information: Mary Smith — How related to deceased: Brother.

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Typhoid Fever — How long: Three weeks

Immediate: Heart failure — How long: Several days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Howard R. Hopkins.

Address: Queenstown. Md.

Accident or Suicide?

LIBRARY BUREAU A8613

Name in Full: Not named

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Centreville County: Q A Co

Date of death 1904: Month: Jul Day: 18

Age: Years: 1 month Months: Days:

Sex: male Color or Race: BLK

Birthplace: Centreville

Occupation:

Where Residing if not at place of death:

Married, Single or Widowed:

Name of Wife or Husband:

Father's Name: David H Stewart Father's Birthplace: md

Mother's Maiden Name: Mary Harris Mother's Birthplace: md

Name of person giving Imformation: Dr W D Troop How related to deceased:

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Died at birth — Dead when seen

How long:

Immediate: internal hemorrhage

How long:

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: W D Troop

Address: Centreville

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full: Eva Thomas

CERTIFICATE OF DEATH

MARYLAND

Died at (Town): Cumberland (County): Allegany

Date of death: 1904 Month: 10 Day: 17

Age: Years: 9 Months: 10 Days:

Sex: Female Color or Race: Black Birthplace: Cumberland

Occupation: Nursing Where Residing if not at place of death: Place of death

Married, Single or Widowed: Single Name of Wife or Husband: —

Father's Name: James H. Thomas Father's Birthplace: Balto. Co

Mother's Maiden Name: Francis Perry Mother's Birthplace: D. C.

Name of person giving information: James H Thomas How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Pneumonia 93 How long: 3 days

Immediate: — How long: —

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: J M Hartman M D

Address: Cumberland

Accident or Suicide? No

Allegany Co

LIBRARY BUREAU A888810

Name in Full: Louis White

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Nyx Neck — County: Queen annes

Date of death 1904 — Month: 10 — Day: 31 — Years: Age 12 — Months: — — Days: —

Sex: male — Color or Race: Nenegro — Birthplace: Nyx Neck md

Occupation: School Boy — Where Residing if not at place of death: —

Married, Single or Widowed: — — Name of Wife or Husband: —

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: — Father's Birthplace: —

Mother's Maiden Name: Susan White — Mother's Birthplace: Md

Name of person giving Information: Ernest Wright — How related to deceased: Brother

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Phthysis Pulmonalis — How long: 2 ?

Immediate: Lung Congestion — How long: ?

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: H S Ivy

Address: Centreville

Accident or Suicide? —

LIBRARY BUREAU A86316